

point on Boston and added to another layer of skin. I am inclined to think that the disease is a chronic granuloma of the skin, and that the tubercles are the result of the action of the tubercles on the skin. The disease is not so malignant that it can affect the skin, but this disease is not such that it can be removed by surgery. It is a chronic granuloma of the skin, and it is not malignant.

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TUBERCULAR PERITONITIS, OR SCROFULOUS INFLAMMATION OF THE ABDOMINAL VISCERA.

By W. H. TRIPPLETT, M.D., WASHINGTON, D. C.

[Communicated for the Boston Medical and Surgical Journal.]

THIS is a chronic disease in the widest acceptation of the term, and, withal, the most ambiguous. Why medical writers have so generally overlooked it altogether, or made but cursory allusion to it, is a mystery to me, inasmuch as they must have had some of these cases under their charge. Not less than four or five have come under my own observation. They are an eccentric and peculiar class of cases, and, so far as my own experience is concerned, have occasioned me more annoyance and perplexity than would be believed. I shall never forget the trouble my first patient caused me, and though at last I had the satisfaction of knowing that her disease had been incurable from the first, yet had I been fully advised of its nature, I think I might have withheld much useless medicine and been spared many moments of needless anxiety.

When I opened the abdomen of the dead woman, the mystery was at once explained. I was amazed at the organic lesions that were revealed:—bands of solidified lymph, in various stages of organization, fastened and glued the abdominal organs in a confused and matted mass, putrid with foetid pus; thousands of little elevated bodies, variously discolored by venous congestion, thickly studded every portion of the peritoneum, being more thickly grouped over the liver and stomach, the organs that occasioned the greatest distress. The folds of the omentum and mesentery were loaded with them, and were greatly swelled and altered in texture. These tubercles were of various size—most commonly of the size of small shot or mustard seed, and were deposited in the subserous structure under the peritoneum. She had never complained of cough or pulmonary disease—but to satisfy myself of the non-implication of the

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lungs, I made several sections of them, but discovered no tubercles or other sign of pulmonary disease. The whole force of the malady seemed to have expended itself in the abdominal cavity. She was sick some nine or ten months—that is, from the period of cessation of her menstrual flow, the time from which she had dated her illness. All of my cases were young women, ranging from 18 to 21 or 22 years of age; and in all the very first complaint was a suppression of the menses, which never returned throughout the subsequent progress of the case.

At first the patient does not feel sick or make any complaint, but having missed one or two catamenial periods, she becomes concerned and applies for something to restore the lost uterine function. After a longer or shorter interval, other symptoms come; such as a feeling of discomfort, wandering pains in the abdomen, a severe stitch in the side frequently recurring, a fit of nausea or vomiting, or diarrhea alternating with constipation. The pain is not lancinating, or of that character that distinguishes ordinary peritoneal inflammation, and is unattended by fever, unless it happen to be accidental or an intercurrent one. It is such a pain as a hysterical or dyspeptic woman is apt to have, consequently it is likely not to occasion alarm. The appetite continues good, with occasional interruption by nausea or vomiting. The skin is natural. In a word, the patient does not think herself very sick, and attributes any discomfort she may feel to her menstrual irregularity. After a time, the abdomen swells, and finally presents unequivocal ascites. The case is worse than had been thought. There is obscure organic disease of grave import, but what organ is the sufferer? Attention is naturally turned to the liver, and diligent search is made in this locality. All the abdominal viscera are inquired after in turn, according to their importance, in the hope of finding the affected organ, but in vain. We re-examine with still greater caution, till every gland, every function, every tissue whose derangement or disease might induce the result, however distant from the locality, have been questioned with the greatest caution and circumspection; yet with the same unrequited labor. There is no hepatic, renal or cardiac disease that can be discovered; no history of an old peritonitis; no story of having "caught cold" by lying on damp ground—which means a sudden interruption of transpiration, the occasional cause of acute abdominal dropsy; whereas this affection of which I speak is chronic, and comes on without any assignable cause.

The ordinary remedies will generally remove the effusion, but fresh accumulations take place, and each successive time become more difficult of absorption. It continues to progress. Digestion becomes more interrupted; the nausea and vomiting more frequent; the abdominal uneasiness augments. The skin perhaps is dry, the tongue coated, the pulse quick, the urine scanty and high colored, the abdomen hot. If sudden pressure be made upon it, the recti

muscles quickly contract, to ward off pressure from the underlying organs. Pain locates itself more intensely at a certain spot. To all appearances the case is now culminating. Inflammation has all at once revealed the hidden enemy; and what had been confused and tangled in the chain of morbid phenomena is suddenly understood and referred to inflammation of the liver, or of the stomach, or of the intestines, &c. &c., as the specialty of the symptoms may have determined.

The patient is now really, and is believed to be, dangerously ill. She is accordingly mercurialized, opiated, blistered, &c., as the symptoms may indicate or the emergency require. I don't think any one would bleed these cases. Presently the violence of the symptoms begins to abate, the fever to decline; the skin grows moist, the tongue clean, the urine clear and more abundant, and the bowels soluble; appetite returns, and the spirits rise. The patient begins to get strong, to sit up, to walk about; perhaps to attend to light household duties. But the rebound is not complete; the patient seemingly loafers on the threshold of health, and will advance no farther; the injury to the organism is too vast to admit of it. Some how, she wont get quite well. Presently there comes the miserable relapse. She complains of a pain here, or there, or there, till first one then and another of the various abdominal viscera have been accused in turn of inflammation or other serious disorder; diarrhoea sets up its work of reduction, and what with deranged digestion and febrile irritation, the powers of the system are rapidly reduced—emaciation becoming daily more conspicuous.

If the hand be now laid on the abdomen it will be found intensely hot and drum-like; hectic is fairly set in, and this enemy allows the invalid no rest. But while life is thus hopelessly compromised and speedy death inevitable, yet, strange and incomprehensible, nature seems frequently to marshal her forces afresh and recover some of the lost ground. Thus, when daily expecting the death of the patient, we may hear of her getting better. But the effort is more spasmodic than formerly; if there was too much damage to important organs inflicted by the first attack of the disease to admit of recovery at that early stage of the malady, now more than ever is that end unattainable, as there have been fresh accessions of injury, embracing new organs and textures, perhaps equally necessary to the maintenance of life; therefore the counter-current soon sets in, till, finally worn out by combined hectic irritation and starvation, the patient passes out of life. Thus perished my first patient.

The second one died more quickly, seemingly destroyed by the violence of the excessive inflammation which the tubercles occasioned; she lived several months, and died suddenly of suppression of the urine, passing off in profound coma. For some time she had suffered from renal symptoms, discharging a small quantity of bloody urine, attended by considerable pain. A few days before the fatal

issue, it stopped altogether. She was a colored girl, tall, good looking, and of healthy appearance. A *post-mortem* examination revealed myriads of miliary tubercles lining the cavity of the peritoneum. They literally covered the bladder and the kidneys, and were florid with the recent congestion. Very little adventitious membrane could be seen, but there was considerable bloody serum. The inflammatory action had not been sufficiently intense or prolonged for the evolution of this product. She died in the first stage. When it runs its full course, the various abdominal organs are bound, glued and matted together by bands of this material, and very offensive pus may also be present. When the abdominal walls are fastened down upon the intestines or other viscera by adhesions, it may occasion tumors that give rise to great perplexity and error in the diagnosis. Having committed this mistake myself, I mention it to put others on their guard. It was the first case of this form of disease that came under my own observation, and on account of my inexperience was the source of more trouble to me than all of the rest combined. The patient was a young woman of 18 years. Her parents sent for me to ascertain the cause of her continued menstrual suppression—it was now over three months since her last catamenial flow. The abdomen was also swelled. The suppression of the menses and the abdominal swelling had come on without any cause she could assign. She had a healthy look; her pulse was natural, her skin comfortable, and her appetite good. I wont say what was my suspicion—but when I came to examine the abdomen, to my infinite surprise I found that it fluctuated. Beyond a question there was fluid within the cavity of the peritoneum, and a little pains assured me it was not ovarian. The abdominal walls were uniformly distended, and the fluid shifted according as she changed her position. But how came it there? This was a problem difficult to solve. She had never suffered from peritonitis, or any kind of intestinal inflammation; there was no disease of the liver that could be discovered, nor of the heart, nor of the kidneys, nor had it resulted from a sudden chill, nor was there any anaemia to add its suggestion. Then how was it occasioned? To say that it resulted from some disturbance of the equilibrium between peritoneal secretion and absorption, was to make it as indefinite as ever, unless I could trace it to a disease of the peritoneum *per se*; this I could not do, as there had been no former peritonitis nor present tenderness; therefore I adopted what I then considered as the most plausible conclusion—that it resulted from some obstruction of the portal circulation; and whether this was hepatic or extra-hepatic I was forced to leave for future determination.

I prescribed brisk saline cathartics, alternating with the compound diuretic pill of squill, digitalis and calomel. Some eight or ten days afterwards, I found considerable tympanitis, and whilst I was sitting by the bedside conducting my examination, her mother approached

me and asked "why her abdomen sounded so hollow, if it was full of water?" I told her that it had been removed, and gas had taken its place; that the medicine had acted well, and her daughter was much better. This was a most sagacious woman, and I therefore was careful not to excite her fears unless I could satisfy her curiosity; but to be frank and honest, the tympanitic condition was even a deeper mystery to me than the dropsy had been. I could not understand it. It seemed to me to be a most novel case; but I did not feel alarmed for her safety, as her general condition was good, and there was very little abdominal uneasiness—not enough to cause suspicion of inflammatory action. She had occasionally felt nausea, and had vomited once or twice. The discharges from the bowels were still copious. Her tongue was a little furred. Her appetite had also suffered impairment, but there was no fever. She informed me that she was "very restless at night and could not sleep." I ordered a small pill, composed of equal parts of the mild chloride of mercury and opium, a half grain of each, morning, noon, and night; at the same time enjoining quiet, and simple but nutritious diet. She continued to improve, and was soon convalescent from her singular attack, as I believed, and I accordingly stopped visiting her. But I was mistaken, for she stopped short of complete recovery, and sent for me again, under a relapse, several weeks later. There had been a fresh accumulation of serous liquid in the cavity of the peritoneum. Of late she had suffered from irritable stomach, and was vomiting more than formerly. She was also constipated. There was considerable pain in the right hypochondrium, and pressure under the ribs greatly augmented it. At this point there was a feeling of distension, associated with deep throbbing pain. The pulse was excited, and she complained of thirst; the tongue was sharp, with red edges, and densely coated along its middle. I at last became fully satisfied that she was then laboring under acute hepatitis, and considering her former obscure symptoms, came to the conclusion that she had had the chronic or subacute form from the first, and it had betrayed itself by this sudden outburst or overt action; that somehow the ascitic collection was intimately associated with it, bearing the relationship of effect and cause. I accordingly treated her for acute hepatitis; I combated the most serious symptoms, and they were hepatic. She was many weeks in bed, and suffered much—had lost considerable flesh, and was broken down in body and mind, her face written over with the record of past suffering; she asked for articles of food fretfully, or with a sigh; she looked the confirmed invalid; she was better than she had been, but I despaired of her life. Wonderful to narrate, this patient began gradually and slowly the work of recovery. It was a long time before she walked her room with anything of ease or comfort. The serous collection, which had resisted every means made to dislodge it, suddenly disappeared of its own accord; so was it with other grave symptoms, one after an-

other departing as she continued to gain. She boasted of her appetite, of her returning strength, of her improvement generally. Alas! it was only a truce, for she very soon sent for me again, with worse symptoms than ever; this time she kept her bed till she died. Hectic now set in, to add to her debility and discomfort.

It was during this last phase of her malady that one day, whilst I was ascertaining the condition of her abdomen, I noticed a tumor in the right iliac region; it fluctuated, and was about the size of a cocoa-nut, containing perhaps a quart or more of liquid. No position in which I placed her succeeded in dislodging it. It was evidently sacculated. I could not resist the conclusion that it was ovarian dropsy, and I blamed myself for not having noticed it before. But when did it come on? This she did not know, but said "she had thought she had been swelled on that side for some time." Her abdomen was intensely hot, and pressure gave her pain; her stomach was very irritable, and she vomited often; severe diarrhoea alternated with constipation. This last symptom I had noticed throughout her entire illness, and I believe it a very valuable one, as it was also present in an equal or less degree in the other cases. One day I was vastly surprised, on examining the supposed ovarian tumor, to find that it contained gas instead of a liquid. I was truly amazed. A few weeks after this she died, when I discovered the phenomenon had had its origin in the formation of an adventitious cavity, caused by singular adhesions of intestines, bladder, omentum and abdominal walls. It contained gas and a little bloody serum. Outside of this cavity, everything was bound, glued, and tied together in a confused mass, fetid with pus. It beggared all description. Nothing escaped; not an organ or tissue in this cavity but showed marks of disease. The wonder was how she had managed so long to survive such ruin. The same answer would apply here as is given in cases of tuberculosis pulmonalis, where the organic structure of both lungs is nearly entirely destroyed—that the morbid change has been gradual, allowing the system opportunity to accommodate itself to each successive injury, thus in a manner becoming habituated to diseased action.

In conclusion, I will add, that whilst this affection is probably a form of scrofula, yet the cases that have come under my observation had not previously given any evidence of strumous cachexy; on the contrary, the patients were healthy and well developed, and consequently I was little prepared for such a denouement.

Washington, D. C., April 29th, 1865.

AMONG the men transferred to the Veteran Reserve Corps, in the U. S. service, during 1863, disease of the heart existed in the ratio of 69.30 per 1000, or 1 in 14.4; it also caused, in the first two months of the year, the discharge of 137 per 1000 from the service.

SUDDEN DEATH IN LABOR. AIR IN THE VEINS SUGGESTED AS
A CAUSE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—My attention has just been attracted to the account, in your issue of the 20th inst., of a "Sudden Death in Labor," and to the editorial comments upon it, wherein you invite an expression of opinion from others. My own belief, as far as it can be founded on the meagre details furnished, favors the *admission of air into the veins* as the cause of death. Indeed, the facts given—the "sound" heard by the patient and her husband, the exclamation of affright, the convulsive spasm, and the death, so sudden as to preclude any attempt at assistance—are in striking correspondence with the prominent symptoms in well-attested cases of death from this cause. The symptom most suggestive of apoplexy, viz., the turgidity of the face, has also been present in a portion of the cases of accident from the admission of air; as, for instance, in those reported by Dr. John C. Warren, and in the abortion case given by Dr. Hitchcock, of Kalamazoo.

As to the *modus operandi*, we may conclude, either that the membranes remained intact, and that, on their recession into the uterus as that organ relaxed, simultaneously with the termination of the pain, air was sucked into it from the vagina, and carried through the uterine sinuses into the circulation; or, adopting your theory, that the membranes were ruptured, and that the sound heard was chiefly or wholly due to that, infer that, in consequence of this sudden collapse, the air found entrance to the cavity of the uterus, and thence to the general circulation. Perhaps the latter alternative is the most probable; but either may be accepted as the possible result of a rare, but easily conceivable, combination of favoring circumstances.

It is much to be regretted that medical men do not more generally bear in mind the possibility of this accident in obstetric practice, that the signs and symptoms in suspected cases may be more closely observed, and the suspicion, if possible, verified or disproved by *post-mortem* examination. To further this end, please give this communication a place in your pages, even though my view of the case in question should not satisfy your judgment.

Yours, &c., J. S. GREENE.

Dorchester, April 28th, 1865.

[The suggestions in the above communication will command the attention of every reader. The case referred to was of so appalling a nature that its discussion must be of general interest. Since receiving Dr. Greene's communication, we have refreshed our recollection of his excellent article on "Air in the Veins as a Cause of Death," published in the *American Journal of the Medical Sciences* for January, 1864, and must frankly admit that there is much plau-

sibility in the theory which he offers in the present instance. We can easily believe it possible for this fatal accident to have happened in the manner suggested. It is to be observed, however, that the complaint of the patient and the appearances observed are not like those usually noticed in these cases. Generally the patient complains of feeling faint, and falls into a fatal syncope, with the usual phenomena of that condition. In the present case, the head was complained of as the seat of the distress, and this was accompanied by great lividity of the face. The facts reported are unfortunately too meagre to enable us to speak with very great confidence of either theory as the most probable explanation of the sudden death. We would refer our readers to Dr. Greene's paper in the *Journal of Medical Sciences* for much valuable information on this important subject. It contains the Kalamazoo case, above spoken of. In this patient, at the autopsy, air escaped from one of the vessels leading to the heart, from the slipping off of a ligature while removing that organ.

Another correspondent calls our attention to an interesting case of sudden death in labor, reported in the *American Journal of the Medical Sciences*, January, 1854, in which death was caused by rupture of the right pulmonary artery where it passes under the arch of the aorta.—[Eds.]

RUPTURING THE MEMBRANES AS A MEANS OF FACILITATING LABOR.

[Communicated for the *Boston Medical and Surgical Journal*.]

MESSRS. EDITORS,—As enough, perhaps, has already been said upon the subject of the cases of "Sudden Death in Labor," and as, in my opinion, the most probable cause of the deplorable event has already been explained by an able writer, I should have deemed it inexpedient to occupy a space in your JOURNAL in reference to it, had it not been for the fact that my friend Dr. J. Gardner, in his communication of the 4th inst., has, inadvertently, no doubt, misrepresented my meaning upon the subject of *rupturing the membranes*.

Having been brought before the medical public in a false, and, as I consider, rather unfavorable light, I am induced to send you for publication the following explanation of my views upon the subject. The conversation referred to by the Doctor grew out of the narration of the following case. I was called in consultation to see a woman in labor who had given birth to a number of children without any unusual difficulty. I found that she had been in labor some twenty hours or more, and that, during half that time at least, she had suffered very much from hard, irregular pains, attended with restlessness and impatience. The attending physician told me that no perceptible progress had been made in the labor for many hours; and as he had been in attendance all night, he was not less impatient than the

woman. Upon examination, I found the os internum fully dilated; the head was resting at the upper strait, and a somewhat large bag of membranes was forced into the vagina at each pain. My advice was to rupture the membranes, which, by request, I did. The membranes were tough, and were not ruptured without some difficulty. Immediately after the escape of the liquor amnii, the pains became more efficient, the head descended into the pelvis, and it was evident that the child would soon be born. I resigned my seat to the attending physician, and in a few minutes the labor was successfully terminated.

This case was narrated as an exception to the general rule; and I certainly did not mean to be understood to say that I "was in the habit of rupturing the membranes as a means of expediting labor," without a due regard to the existing conditions of the case. The Doctor will no doubt recollect a still more recent conversation upon this subject, in which I fully concurred with him in the opinion, that when rupturing the membranes was practised as a general rule, more cases would be retarded than expedited, and that I most emphatically remarked that I was always extremely cautious about doing it in a primipara. The only difference between us is, that he mistook the exceptions for the rule, a matter of no serious importance, except that inasmuch as he has referred to me as authority, after an acquaintance of forty years, others who have not known me might be led to follow his example. The views of men of long experience must have more or less influence upon the practice of the inexperienced; hence whatever opinions are advanced, or modes of practice advocated in public journals, should be based upon correct principles and sustained by ample observations, and I am therefore unwilling to take the responsibility of having my name, however little influence it may have, brought before the public as an advocate of what I consider to be an erroneous practice. As the discussion upon the cause of the sudden death in labor has incidentally turned upon the subject of rupturing the membranes, though I really see no connection between them, I will briefly remark that, as a general rule, nature accomplishes her work best when least interfered with. Parturition is an organic function, which the Author of nature has not deemed it expedient to trust either to the volition of the woman or the manipulations of the doctor; and I am well assured that those physicians who "generally rupture the membranes" will ultimately be forced to the conclusion that more cases are retarded by it than expedited.

It is not, in my opinion, evident that under ordinary circumstances "just so much force as is expended by the uterus against the resistance of the membranes is just so much expulsive force wasted and so much time lost;" neither is it evident to me that "when the mouth of the uterus is dilated, or even dilatable, the membranes have performed every duty they can perform." On the contrary, I

am well convinced, by ample observation, that they perform an important office, in an inimitable manner, of distending the vagina, and preparing the way for the easier descent of the head, especially in first labors; and that the stimulus of distension, even when the membranes are pressing upon the perineum, gives an efficiency to the pains that more than counterbalances any benefits derived from their rupture. Bedford regards quick births as dangerous, and advocates rupturing the membranes to retard the labor; and Dewees, to abridge it. While, as a general rule, it is the most natural, safest and most expeditious practice to allow the membranes to rupture spontaneously, it must be conceded that this rule is liable to more exceptions than most general rules of practice. The quotation from Cazeaux, whether intended as such or not, is a very good description of an exceptional case.

In addition to the case heretofore related, I will add another, though I fear this letter is already too long. On the morning of the 6th inst., I was sent for at three o'clock to attend a young woman in her second confinement. I learned, on my arrival, that she had had occasional pains all the fore part of the night. At two o'clock they had become much harder, and there was a moderate discharge of blood. The head presented. The os uteri was about the size of a silver dollar, and somewhat rigid. The membranes were tense during the pains, but did not protrude through the os. I waited four hours, making during that time two or three examinations, to ascertain the progress of the labor. The pains had now increased in severity; the os was fully dilated, and the head was still floating. The membranes were tense and apparently contained a large quantity of water, but were not forced down into the vagina by the pains. Having attended her before, I knew that the pelvis was amply capacious, and the soft parts were moist and yielding.

This seemed to be a case in which the labor might be advantageously hastened by rupturing the membranes, and the result justified the practice. A large quantity of water was discharged, the pains became more efficient, the head descended immediately into the pelvis, and notwithstanding that the child was very large, the labor terminated in less than an hour afterwards. When the child was born, the retarding cause became evident. The funis, though of usual length, was wound so many times around the neck that the part which was free, was not long enough to allow the child to descend until the capacity of the uterus was lessened sufficiently to admit of its acting more directly upon it, and as the membranes were unyielding the labor was thereby undoubtedly retarded.

In conclusion, allow me to remark, that general rules are useful, and frequently aid us in the choice of means in the discharge of our duties; but in the almost infinite variety of cases with which we meet in general practice, we should often find ourselves inadequate to an emergency if we were not familiar with their exceptions.

Providence, May 15th, 1865.

GEO. CAPRON, M.D.

QUININE.

THE practice of medicine had its origin in empiricism, and by empiricism it is nourished still. Empirical were its foundations in the days of old, and empirical it is now. Had we the courage to make this declaration *vera voce* in medical society, what a chorus of indignant remonstrance it would call forth! The practice of medicine, we should be told, is scientific, it is rational, it is philosophical, it is eclectic, it is—what you please that sounds fine, but empirical! Fie on the word; it's a libel on progress and the nineteenth century! Did we preserve our presence of mind sufficiently through the storm, we should reply, There is some truth in all that you say, gentlemen; nevertheless we repeat "the practice of medicine is empirical." We grant that there is a science of medicine; physiology and pathology are scientific; and through them the diagnosis of disease is scientific. Our knowledge of the causation of disease, our recognition and comprehension of morbid conditions, and of the various forces and elements at work in the production and progress of diseases have all made great advance, and so far we have the right to call ourselves scientific; but when we come to the *treatment* of disease, to practical medicine, we say that we are empirical still, or perhaps it would be more exact to say that the *practice of therapeutics* is still very largely empirical, for the term "practical medicine" is often used to express both the science and art of medicine. Let us speak, then, of therapeutics. Of how many medicines can it be said that we know *how* they act on the system?

* * * * *

Every point that we would call attention to in the practice of therapeutics may be illustrated from the history of the use and disuse of quinine. Sir Henry Holland, in one of his admirable little essays,* says:—"Conclusions, requiring for their authority a long average of cases, carefully selected, and freed from the many chances of error or ambiguity, are often promulgated and received upon grounds barely sufficient to warrant a repetition of the trials which first suggested them. . . . During the last twenty years, omitting all lesser instances, I have known the rise and decline of five or six fashions in medical doctrine or treatment." For an illustration of this, read the valuable papers we are now publishing by Inspector-General E. Hare, on the treatment of malarious fevers. Years ago Lind, Jackson, and others pointed out that bark was the only trustworthy remedial agent. Dr. Jas. Johnson went to India in 1804, found that in one case that bark failed to cure—not because its action was inefficient, but, being vomited, its action was not obtained; he tried bleeding, and the patient recovered; at once he rejected altogether the use of bark, and inaugurated a system of treat-

* "Medical Notes and Reflections," by H. Holland, M.D., &c. 1838. P. 2.

ment by copious depletion, &c. doses of calomel, and mercurial inunction to salivation. This method rapidly displaced entirely the treatment by bark. Now, again, quinine is recommended. Mr. Hare's experience and teaching is—"Quinine may also be given in the largest doses, whether there are head symptoms, delirium, coma, or pain in the liver. Whether it be in the hot stage or cold, quinine is not only safe for all forms of malarious fever, but it is certain cure; and in cases where there is danger to life, the earlier and the larger the doses of quinine which can be given to the patient the better. Vomiting and cinchonism were my only checks for continuing it in full doses."

These are almost the very words of the great authorities for the employment of bark eighty years ago. Dr. Clarke, who practised in Calcutta in 1768-1771, wrote:—"As soon as the intestinal tubes have been thoroughly cleansed, the cure must entirely depend upon giving the Peruvian bark in as large doses as the stomach will bear, without paying any regard to the remissions or exacerbations of the fever." Dr. Lind says:—"Although I annually prescribed upwards of 140 pounds of bark, I never observed any bad effects. The greatest—indeed, and the only—evil arising from the bark that has fallen under my observation has been to excite sickness and vomiting during a paroxysm." But all their teaching was utterly forgotten in favor of depletion and salivation. After a time, the frightful effects of the profuse salivation in vogue led, chiefly through Sir Jas. Annesley, to a more moderate use of mercury; but *en revanche* depletion was still more freely used, and culminated under Dr. Twining. His use of the lancet was indeed "heroic," and the results as truly tragic. Quinine began to be used very cautiously and gingerly about 1839; but the treatment of Clarke, Lind, &c., remained forgotten till Mr. Hare happily inherited some of their works in 1843, when he was practising in a district in which malarious fever reigned in the most deadly form, and he had the courage and good sense to use quinine as they had used bark. With what splendid results our readers must gather for themselves from his papers, which we earnestly recommend to their notice; they are full of interest and instruction. Mr. Hare finds quinine, then, *the* cure for every form of malarious fever—for every form, indeed, of Indian fever, according to him, as we find it *the* cure for malarious fever at home; but how or why it cures we know not, nor why it fails when, as sometimes happens, it does fail.

From Mr. Meller, the Surgeon to Dr. Livingstone's expedition, we learn that in the treatment of the fevers of the Zambesi it seems to fail altogether; why? is the fever not truly malarious? or is it caused by a new kind of malaria—a malaria not amenable to quinine?

If we look back into medical writings of the last century, we find that bark, bark and ammonia, or bark and soda was used in many

diseases in which we have not been accustomed to give quinine, but for which that medicine is now being largely recommended. It is, indeed, very remarkable how widely the use of quinine is being extended. Mr. Peter Hood* relies entirely upon it, after an emetic and a purgative, for the treatment of scarlatina in all its varieties.

Dr. Pursell† also "has obtained a remarkable amount of success" by relying on quinine or cinchonine for the cure of scarlatina in its mildest and in its very worst forms. It is his sheet-anchor in the treatment also of measles, smallpox, whooping cough, diphtheria, croup, laryngismus stridulus, chorea, erysipelas, rheumatism, acute and chronic, gout and neuralgia. In his treatment of some of these diseases, quinine appears to us to play but a very secondary rôle; thus, in erysipelas and rheumatism opium is largely given, to the full as freely as the quinine; and in both rheumatism and gout alkalies are freely administered. In the exanthemata, however, quinine is the remedy with him.

We have heard of cases of acute pericarditis and bronchitis being "cured" by the early and liberal use of quinine; but we need not quote books nor adduce examples to show the number of diseases for which quinine is regarded now as a remedy, the experience and the memories of our readers will supply proofs enough. But how is this extended and extending use of quinine to be explained? Dr. Ainstie speaks of quinine as acting by promoting nutrition; it "improves the quality of the blood, and strengthens the systemic circulation." We suppose he would say that it acts as a stimulus on the nervous system; is it thus that it cures scarlatina? Some authorities trust only in ammonia in that malady, and ammonia is a "pure and powerful stimulant." But then Dr. B. W. Richardson would give a very different explanation of the action of ammonia; he would say, if we remember rightly, that it benefits by increasing and preserving the fluidity of the fibrine in the blood.

Is it given because of its power against malaria? It has often been pointed out that we may use remedies as a test of the nature of diseases. Sir H. Holland, for instance—not to quote older and more hackneyed authorities—in the work we have already referred to, speaking of the value of bark in anomalous varieties of intermittent disorders, says, "it enables us to denote and class together symptoms apparently the most remote in kind, but which could not thus be relieved unless depending on some common cause." Shall we believe, then, that the value of quinine in so many diseases depends on their having a common origin in malaria? Dr. Handfield Jones believes that malaria plays a much more general and impor-

* "The Successful Treatment of Scarlet Fever, &c." By P. Hood. London: Churchill. 1857.

† "Exanthematos Diseases: their Rational Pathology and Successful Treatment; to which are added Remarks on Whooping Cough, Diphtheria, &c." By J. Pursell, M.D. Also a pamphlet on "Rheumatism, Gout, Sciatica and Neuralgia," by the same Author. London: Churchill & Sons. 1864.

tant part in the causation of disease than is generally believed; and in the admirable "Report of the Medical Officers of Health of St. George's, Hanover Square," for the year ending March 31, 1864, we find the following observation:—"We will content ourselves with one practical remark about the maladies which cut off such frightful numbers of elderly people in January and March. Cold is the great agent, but cold is not all. People 'catch cold' who are never exposed to it. There is a malaria in addition to a low temperature, and in all probability a more liberal use of quinine would render the other remedies employed more efficacious." We can scarcely think, however, that we are verging on a universal malaria theory of Medicine.

Is quinine given in all these diseases as an anti-periodic? This seems to be Dr. Pursell's reason for his use of it. Are we about to swallow whole the "chrono-thairmal" system—the "great theray of perriodeecity and remittency of all diseases"?—that monstrous and absurd expansion of the old, old fact that in all diseases there are more or less marked evening exacerbations, and the well-established law of diurnal ebb and flow, so to speak, of vitality in the human system, as inflated and expounded by Dr. Sampson and the well-known physician of whom he is the representative rather than the caricature?

Explain it how we will, and be it remarked that the two last suggestions will not explain *how* quinine acts, but only the theory on which it is given—explain it how we will, or explain it not at all, it is a fact well worthy of study that the field of disease in which quinine is held potent for remedial power is largely extending. We commend this fact to the careful observation and thought of our brethren. Fashion, hasty generalization, exaggerated deduction, &c., may partly account for it, but there must be some basis of truth, and this we ought to strive to draw forth by renewed, careful and scientific observation and research—*London Med. Times and Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 25, 1865.

THE STARVATION OF PRISONERS.—If this last of modern wars, now so happily ended, has shown how great has been the advance towards perfection in the art of warfare by an enlightened and inventive people, it has none the less clearly demonstrated how stationary remain man's capabilities for evil in all time. Moved by disappointed ambition, hatred and revenge, cultivated men of the nineteenth century have proved to be as thoroughly brutal and unchristian as the lowest savages in Africa. The murder of our gentle President was the last of a series of the most inhuman acts that human beings ever devised,

but it was far from being the worst of them. In the midst of the judicial investigation which appears to show beyond question the complicity of authenticated and important rebel agents, if not of the chief himself, in this long-planned assassination, the details of a still fouler plot are brought to us. Failing in their designs to burn the inhabitants of our prosperous cities in their beds, the rebel emissaries conceived the monstrous plan of calling the pestilence to their aid, and one of our own profession among them, if it can be believed, was found vile enough to go to its haunt and procure the means of spreading it among the crowded capitals of the North. The Bermuda authorities can scarcely be charged with any exaggeration or over-friendliness to us in their account of this matter, for the accomplice in this fiendish attempt was committed to jail in default of bail of only fifty pounds.

But far exceeding any of these crimes in malignancy and depravity is the process of maiming or slow death by starvation and exposure, which has been systematically practised upon the thousands of our poor fellows in southern prisons. Concerning the acts and the guilty agents in this instance there can be no possible doubt; the rebel authorities, civil and military, are personally responsible for this most cruel and wholesale murder. The horrors of Belle Isle and of the slaughter-pen at Andersonville, where many thousands of our soldiers were slowly starved to death, have been published to the world by the Sanitary Commission, but scarcely any notice has been taken of these barbarities abroad. Some of the latest English journals, in the very numbers in which they express the utmost horror of the last assassination, deny the truth of these statements altogether, and assert that an act of charity on the part of the rebel government, in setting free a few sick prisoners, that they might see their homes once more, has been basely perverted in this manner by the northern press. Fortunately, we are able to support these statements, perfectly accurate in every particular, by other testimony of a character which English medical journals, at least, will not dare to question. In March of the present year 9000 returned prisoners were received within our lines at Wilmington, N. C., of whom 2500 were in such a state that they could not be moved farther north. Dr. J. C. Dalton, Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, and author of the widely-known treatise on *Human Physiology*, and Dr. C. R. Agnew, of the Sanitary Commission, were selected to visit them and examine into their condition for the purpose of determining whether they were suffering from disease or in consequence of starvation and exposure. The latter gentleman in his report states:—

"I had several interviews with citizens of Wilmington who had seen our prisoners as they were brought into the city for exchange, with a view of ascertaining what their impressions were, as to the motives which influenced the rebel officers in the management of squads in their respective commands. I found that some of the rebel officers in charge of our returned prisoners had permitted the citizens to furnish them food, while others had forbidden all access to the pens in which the men were quartered; and one, a rebel captain, having charge of about a thousand men, had gone with his drawn sword and

knocked the food from the hands of the famished men, informing the citizens who had furnished it, 'that the best thing that could happen to the Yankees was to be starved, and thus expiate the crime which they had committed in invading southern territory and destroying the peace of southern homes.' "

Dr. Dalton spent two days in visiting the hospitals containing the returned prisoners, and says :—

" But the greatest and most pitiful necessities were among our returned prisoners. No description can do justice to their miserable condition, because nothing but an actual inspection of them, in considerable numbers, can show that the wretched faces and figures that present themselves everywhere are not the isolated and exceptional effects of severe illness, but the general result of a uniform and long-continued process of starvation and misery. There were degrees, of course, in which this condition was more or less marked. The better cases were walking about the streets, perhaps barefooted, or with no other clothing than a pair of white cotton drawers and an old blanket or overcoat, both equally ragged. In these, the slow, dragging gait, listless manner, and cavernous, inexpressive look of the face, together with the general emaciation, formed a peculiar aspect by which they alone attracted the attention of the passer-by, and by which they were at once distinguished from the other convalescent soldiers. There was no occasion to inquire in Wilmington which were our returned prisoners ; after half a day's experience, any one could distinguish them at a glance. Many of them, who had strength to crawl about in this manner, were prevented from doing so by the want of clothing. Major Randlett, the Provost Marshal of Wilmington, told me that on one day forty of these men came into our lines *absolutely as naked as they were born*. I inquired of a considerable number of them, whom I saw in the hospitals confined to their beds—naked or with only a shirt, and covered with hospital blanket—what had become of their clothing, and was told that they had thrown away what remained as soon as they could obtain shelter, because it was so ragged, filthy and full of vermin. One of them, on being told that the Sanitary Commission had sent them flannel shirts and drawers, caught at the word with a childish eagerness, and repeated the good news to his companions with a faint, half-imbecile smile as long as I was within hearing. With the great majority of the feebler ones, personal cleanliness was a thing which they appeared to have forgotten. They no longer retained sufficient strength either of mind or body, to appreciate or correct the degradation to which months of unavoidable uncleanness had reduced them. In the most extreme cases the condition of the mind, as well as the expression of the face, was absolutely *fatuous*, and the aspect of the patient was not that of a strong man reduced by illness, but that of an idiotic pauper, who had been such from his birth. Nevertheless, several of the surgeons informed me that the condition of the patients had visibly improved since their reception, and that I could not then form an adequate idea of what it was when they entered our lines. In that case it must have been lamentable beyond description.

" The testimony of both men and officers was uniform as to the causes of their unnatural condition. These causes were—1st, starva-

vation; and 2d, exposure. Only such officers and men as could procure money were able to obtain anything like sufficient nourishment. Some of them told me that during the entire winter they had received absolutely no meat; a pint of corn-meal, often with the cob ground in, sometimes with and sometimes without salt, a handful of 'cow-peas,' and sometimes sorghum molasses, constituted their usual ration. When in hospital, they had only very thin corn-meal gruel and a little corn-bread. To the debility occasioned by this insufficient food was added that resulting from exposure. It was a common thing for a prisoner, immediately on being taken, to be stripped of his clothing—shoes, socks, pantaloons, shirt and drawers—and to be left with only an old and worn-out pair of drawers, and, perhaps, an equally worn-out shirt and blanket given him in exchange. This robbery of clothing was also practised, more or less, upon officers. Even an assistant surgeon, who was captured within four miles of Richmond, told me he was robbed of his flannel shirt, while standing in front of the Libby Prison, and in presence of the rebel officer in charge of the squad. This was immediately after his arrival in the city, and when he had been, for the three days succeeding his capture, entirely without food. With the scanty clothing thus left them, the men were kept during the winter, often without any shelter, excepting such as they could contrive to provide by excavating a sort of rifle-pit in the ground, and covering it with old blankets or canvas, as their supply of fuel was insufficient and sometimes entirely wanting; even in the hospitals their suffering from cold was very great.

"One of the most melancholy sights in Wilmington was that to be seen at the 'Geer' Hospitals. In these hospitals were collected all those patients who had lost their feet, either wholly or in part, by freezing, from their exposure during the past winter, and this in a well-wooded country. In some of them, two or three toes only, on one or both feet, were gangrened, and in process of separating by ulceration; in others, both feet had entirely separated, and the patients were awaiting the time when their general strength and the condition of the stump would warrant a final amputation. In many cases the patients ascribed this gangrene directly to frostbites received on particular occasions; in others to their illness from which they were suffering—generally fever combined with exposure. My own impression, derived from the result of many inquiries, was that it was generally due to a continuous depression of the vital energies from starvation and neglect, resulting gradually in a destruction of the life of those parts most exposed to the cold and the weather."

The accompanying extract from a letter written by Dr. Agnew, dated Wilmington, March 20th, 1865, paints in such terrible colors the appearance of these poor victims of rebel hate, that we have no word to add to their appeal to the civilized world for judgment on those who permitted and those who did such deeds.

"General Abbott, who received our poor fellows in the exchange, has just told me that language would utterly fail to describe their condition. Filth, rags, nakedness, starvation, were personified. Many of the men were in a state of mind resembling idiocy, unable to tell their names, and lost to all sense of modesty, unconscious of their nakedness and personal condition. Some of them moved about on their

hands and knees, unable to stand upon their gangrenous feet, looking up like hungry dogs, beseeching the observer for a bite of bread or a sup of water. Some of them hitched along on their hands and buttocks, pushing gangrenous feet, literally reduced to bone and shreds, before them. Others leaned upon staves, and glared from sunken eyes through the parchment-like slits of their open eyelids into space, without having the power to fix an intelligent gaze upon passing objects. Others giggled and smirked and hobbled like starved idiots; while some adamantine figures walked erect, as though they meant to move the skeleton homewards so long as vitality enough remained to enable them to do so. To see the men who remain here in hospital would move a heart as hard and cold as marble. Their condition is that of men who have for months suffered chronic starvation. Their arms and legs look like coarse reeds with bulbous joints. Their faces look as though a skilful taxidermist had drawn tanned skin over the bare skull, and then placed false eyes in the orbital cavities. They defy description. It would take a pen expert in the use of every term known to the anatomist and the physician to begin to expose their fearful condition."

THE LATE VALENTINE MOTT, M.D., LL.D.—At a special meeting of the New York Academy of Medicine, held on Friday evening, April 28th, for the purpose of taking action concerning the death of its late President, Dr. Valentine Mott, the following committee was appointed, viz. :—Drs. Post, Delafield, Griscom, Buck, Flint, Isaac Wood and J. W. Draper, who reported the following resolutions, which were seconded by Dr. Stevens, and after remarks by Drs. Delafield, Stevens, J. R. Wood, Hamilton, J. M. Smith, Isaac Wood, Griscom, Geo. T. Elliott, and Hewitt, were unanimously adopted.

Resolved, That this Academy, in assembling to do honor to the memory of Dr. Valentine Mott, who has just passed away in a ripe old age, recognizes the fact that since its first organization, no member has been taken from among them who has filled a larger space in public estimation, as a physician and surgeon, than their deceased associate and late honored President.

Resolved, That our common country has reason to cherish the memory of Dr. Mott, not only as the greatest surgeon ever produced in America, but as one who has taken rank with the first of this century in any part of the world; as one whose reputation was indeed world-wide, and whose name is known and revered wherever our profession is found.

Resolved, That this Academy are deeply sensible of the debt of gratitude our profession owes to our late associate, from the legacy he has left us of great improvements in surgical science and art, improvements by which we are now enabled to save many valuable lives, which, without them, must have been lost, and which, in all future time, will be recognized as among the greatest achievements performed by any of its members.

Resolved, That as it is not possible in this manner to testify our sense of the high character of Dr. Mott, as a citizen as well as a surgeon, we will appoint one of our members to pronounce a eulogy on the deceased, and make a more fitting and enduring memorial of his character and virtues, and that at the meeting of the Academy held for that purpose, citizens generally be invited to attend.

Resolved, That we tender to the family of the deceased our warmest sympathies for the bereavement they have suffered, but hope and trust that, conscious as they must be, that although the head of their family has been taken from them, he has filled up the full measure of a useful and well-spent life, they have all the consolation possible in their affliction.

Resolved, That we will attend the funeral in a body, and that we invite the sur-

geons of the army and navy, and the members of our profession generally in this city and its vicinity, to unite with us in paying this last tribute of respect to the memory of our lamented colleague.

Resolved, That a copy of these resolutions be communicated to the family of the deceased, and that they be published in the daily papers.

(Signed) JAMES ANDERSON, M.D., President,
W. M. CHAMBERLAIN, Secretary.

THE following extract is taken from the Anthropological Society's translation of Marx's life of the celebrated physician and naturalist, Blumenbach :—

"No one who had once seen or conversed with Blumenbach could easily forget him ; and he knew how to make himself valuable to every one who lived with him. Even in extreme old age, when the weight of years had bent even his resisting back, there he stood and sat, as if cast in bronze, in every look a man. Any one who heard the stout voice with which he answered, 'Come in,' to a knock at his door ; or saw the wonderful play of muscles in his expressive face, and remarked in any interview his undisturbed equanimity and collectedness, and the freshness and cheerfulness of his spirit, soon knew with whom he had to do.

"No one left his presence without receiving either an instructive narrative, a cheerful story of old times, or some weighty hint. He understood a joke, and knew how to return one. If any one let slip in conversation an expression, or a suggestion, which was wanting in due consideration or respect, or if any one appeared as if he wanted to impose upon the old man, he must have been wonderfully put down when he snatched at his cap, and bared his snow-white head, with the words, 'Old Blumenbach is obliged to you.' I cannot leave untold how Astley Cooper, in 1839, said in a letter of recommendation, that King George IV. had declared that he had never seen so imposing a man as Blumenbach. * * * * *

"Blumenbach never shed tears.* After a heavy domestic misfortune I found him collected, reading some travels of natural history, and calling my attention to the pictures in them. He suffered through his whole organization, yet he made no complaint, and shed no tear, but tried to occupy himself as far as he possibly could.

"He never used spectacles, and in his 88th year read with ease the smallest letters and type. His handwriting changed remarkably, according to the different epochs of his existence. In his youth and active manhood he wrote beautifully. Then he was afflicted with a difficulty of using his writing finger, and after he had tried hard to conquer it without success, he accustomed himself to write with the left hand, guiding the pen with the right. For this purpose he used

* "Look for the lachrymal gland after my death," he said sometimes, "you will find none," or "I must have nerves like cords, or none at all." The dissection never took place. It would have been most interesting in many respects for the more accurate knowledge of the particular parts of the brain, and their connection with each other, the comparison of the skull, the windpipe, and the lungs, with the well-known symptoms which were seen during the life of the old man, who was remarkable, even in a physical point of view. Still, with respect even to the peculiarities mentioned, it must be considered that the forms hinted at were easy to be seen, and as normal as might be ; but long-continued design, iron will, and custom, which had almost become law, had made their influence distinctly tell upon them.

a swan's quill, and the thickest lead pencil. In his 87th year, however, he again attempted to write with the right hand, and the strokes by their firmness and clearness recalled the best performances of his earlier years. If you ever got him to talk on the chapter of writing, he took care never to forget to recommend the art of writing handily in your pocket, which had been of great service to him on diplomatic missions, through the agency of a short, thick lead pencil and strong parchment paper."

THE YELLOW-FEVER PLOT.—The wretch Blackburn, whose hideous crime would have secured him much more attention if we had not so many great criminals on our hands just now, is thus described by a correspondent of the *New York Tribune*:

"I suppose the now infamous Dr. Blackburn is the same burly personage I met abroad in 1857. I first saw him at Baden, then at Paris, where he was prosecuting a 'suit,' in which he distanced several rivals and won the prize. That secured, he told me he was going to Edinburgh to visit the great Dr. Simpson there. As Blackburn was really quite illiterate, I rather doubted his claim of correspondence with such a distinguished man in medical science; but he showed me the letter of invitation from the Professor, and then told me the occasion of their correspondence. He said that he had gone through several yellow-fever seasons at the South, during which he had carefully studied its phenomena, particularly in reference to its propagation by infection from clothing, &c., which facts he had embodied in notes, and from his home (Natchez, I think) transmitted them to Dr. Simpson. He went to Scotland, and was cordially received and entertained by the Professor. 'Yellow fever' was Dr. Blackburn's hobby. He told me many curious and interesting facts about it, derived from his personal study in the midst of its ravages. He has considerable native force of character, is a thorough 'Southerner,' and every way is the very *monster* to devise and undertake, in 'confederate service,' the horrible scheme detailed in your columns to-day."

At the annual meeting of the Massachusetts Dental Society, held on Thursday, the 18th inst., the following named gentlemen were chosen officers for the ensuing year:—N. C. Kepp, *President*; E. G. Leach, *Vice President*; T. H. Chandler, *Recording Secretary*; E. C. Roll, *Corresponding Secretary*; S. J. McDougall, *Treasurer*; E. N. Harris, *Librarian*; A. Lawrence, J. T. Codman, H. P. Bishop, T. B. Hitchcock, S. F. Ham, *Executive Committee*.

Dr. A. D. SINCLAIR has been appointed one of the Physicians to Out-patients at the Massachusetts General Hospital.

The nineteenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane will be held in Pittsburgh, Pa., on the 13th of June.

A bill to establish a State Hospital for the incurable insane has recently passed the New York Assembly.

Dr. J. Foster Jenkins has resigned his post as General Secretary of the Sanitary Commission. At a late meeting of the Commission a unanimous vote of thanks for his services was passed.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MAY 20TH, 1865.
DEATHS.

	Males.	Females.	Total.
Deaths during the week	38	40	78
Ave. mortality of corresponding weeks for ten years, 1853—1863,	36.3	37.6	73.9
Average corrected to increased population	00	00	00.00
Death of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, May 20th, 78. Males, 38—Females, 40. Accident, 4—apoplexy, 2—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 3—cancer, 1—cholera infantum, 1—consumption, 12—convulsions, 3—croup, 1—debility, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 3—crysipelas, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 1—infantile disease, 3—disease of the liver, 2—congestion of the lungs, 4—inflammation of the lungs, 5—malaria, 1—measles, 1—old age, 2—premature birth, 1—rheumatism, 1—smallpox, 5—sore throat, 1—unknown, 6—whooping cough, 4.

Under 5 years of age, 29—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 15—above 60 years, 9. Born in the United States, 56—Ireland, 16—other places, 6.